



YOUTH SERVICES
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

1539 11th Avenue
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TELEPHONE: (406) 444-0851
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SAMPLE LETTER

Date

Parent(s), Guardian(s), Custodian(s) or Representative(s) Name
Address

Re: Change of Placement

Dear :

Per our conversation this morning, I am following up with a written notification about your son/daughter, (child's name). As you are aware, (child's name) has violated his/her parole conditions on numerous occasions over the past two months. It is apparent that (child's name) lacks the motivation and continues to make poor choices in a foster home environment. In lieu of a formal revocation back to the correctional facility, (child's name) will be given a second chance in the community and will be placed at the Great Falls Youth Transition Center on (date). It is our hope that (child's name) will make better choices in this structured group home environment.

You may contact your son/daughter at:

The Youth Transition Center
4212 3rd Ave. South
Great Falls, MT. 59405
406-452-1792

If you need further information, please do not hesitate to contact me at (list your field office address and phone number). Thank you in advance for your support of (child's name)'s placement.

Sincerely yours,

(Your Name)

(Your Title)